

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2002 - JUNE 30, 2003**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
2003 JUL 18 P 4:05

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: HEALTH AND HUMAN SERVICES AGENCY

Division/Unit: NORTH COASTAL FAMILY RESOURCE CENTER

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol	55	Hours	4375	Total Value	\$16,540
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Types of work performed by GENERAL VOLUNTEERS in this category:

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol		Hours		Total Value	\$1654
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

forms/packet assembly; mail date stamping and distribution;  
light duty janitorial

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
		x		=	\$

No. Vol		Total Hours		Total Value	\$
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: _____	_____	\$ _____	
2b: _____	_____	\$ _____	
2c: _____	_____	\$ _____	

**TOTALS:** \_\_\_\_\_ \$ \_\_\_\_\_

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**TOTAL VALUE:** \$ \_\_\_\_\_

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ =

\$ \_\_\_\_\_

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ =

\$ \_\_\_\_\_

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

=

\$ \_\_\_\_\_

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ \_\_\_\_\_

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ \_\_\_\_\_
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ \_\_\_\_\_
- ADD a + b \$ \_\_\_\_\_
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ \_\_\_\_\_)
- TOTAL PROGRAM BENEFIT \$ \_\_\_\_\_

## 6. RECRUITING:

Please describe your recruiting programs:

COUNTY PROBATION WORK PROJECTS FOR PUBLIC SERVICE WORKERS

CalWorks/WEX CSV FOR WORK EXPERIENCE PARTICIPANTS

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A FOR INSTITUTIONAL VOLUNTEERS

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2003-04:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

THIS DEPARTMENT/DIVISION WILL CONTINUE AS A WORKSITE

FOR CAL/WORKS/WEX PROGRAM AND PROBATION WORK PROJECTS

REFERRALS. THIS WORKSITE AVAILABLE FOR PARTICIPANTS WITH MEDICAL LIMITATIONS.

**9. GENERAL INFORMATION:**

Name of Person Completing Report: **DIANA GONZALES, SR. CLERK**

Phone Number: (760) 754-5703 Mail Stop N106 E-Mail \_\_\_\_\_

**Volunteer Coordinator:**

Phone Number: \_\_\_\_\_ Mail Stop \_\_\_\_\_ E-Mail \_\_\_\_\_

**10. DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

7/17/03  
DATE

Please return this report by Friday, July 18, 2003, to the Clerk of the Board Department:  
MS A-45; 1600 Pacific Highway # 402, San Diego, CA 92101; FAX (619) 685-2259.